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Bib Data Sheet

CONFIRMATION NO. 3237

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/684,064 | <b>FILING OR 371(c) DATE</b><br>10/08/2003<br><b>RULE</b> | <b>CLASS</b><br>427 | <b>GROUP ART UNIT</b><br>1762 | <b>ATTORNEY DOCKET NO.</b><br>KSC-12539 |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**

Clyde F. Parrish, Melbourne, FL;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/464,050 04/18/2003

WPF 1/5/2007

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

NONE

WPF 1/5/2007

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
01/05/2004

|   |   |                               |                            |                           |                                |
|---|---|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met, <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>1/5/2007<br>Examiner's Signature<br>Initials | <b>STATE OR COUNTRY</b><br>FL | <b>SHEETS DRAWING</b><br>2 | <b>TOTAL CLAIMS</b><br>21 | <b>INDEPENDENT CLAIMS</b><br>2 |
|---|---|-------------------------------|----------------------------|---------------------------|--------------------------------|

**ADDRESS**

25190

**TITLE**

Self-healing wire insulation

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>788 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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